



Self-Advocacy Guide:

Individual Service Planning for Individuals with a Serious Mental Illness in Arizona's Public Behavioral Health System

Arizona Department of Health Services/Division of Behavioral Health Services Office of Human Rights		
Flagstaff Office	Phoenix Office	Tucson Office
1500 E. Cedar Ave., Suite 22 Flagstaff, AZ 86004 928-214-8231 877-744-2250 (toll free) 928-774-2830 (fax)	150 N. 18 th Ave., Suite 210 Phoenix, AZ 85007 602-364-4585 800-421-2124 (toll free) 602-364-4590 (fax)	4400 E. Broadway, Suite 300 Tucson, AZ 85711 520-770-3100 877-524-6882 (toll free) 520-770-3366 (fax)
ADHS/DBHS, Office of Human Rights Website: http://www.azdhs.gov/bhs/ohr.htm		

The Office of Human Rights (OHR) is part of the Arizona Department of Health Services, Division of Behavioral Health Services. OHR provides advocacy to individuals determined to have a Serious Mental Illness (SMI) to help them understand, protect and exercise their rights, facilitate self-advocacy through education and obtain access to behavioral health services in the publicly funded behavioral health system in Arizona.

The intent of this guide is to provide general information to individuals determined to have a Serious Mental Illness in Arizona's public behavioral health system regarding their rights in the Individual Service Planning process. It is not intended as a substitute for individual guidance or advice. Additionally, the ADHS/DBHS, Office of Human Rights is not a law firm.

Introduction:

Individuals determined to have a Serious Mental Illness (SMI) in Arizona have rights under the law. Many of these rights are listed in administrative rules issued by the Arizona Department of Health Services. They are found in the Arizona Administrative Code, Title 9, Chapter 21. These rules are often called the “SMI Rules.” We use this term in this guide. On page 15 of this guide, we provide information on how you can obtain a copy of these rules as well as other helpful documents.

The SMI Rules provide individuals in Arizona with a Serious Mental Illness the right to an assessment and an Individual Service Plan (ISP)*. Although it may seem strange to think of an assessment and an ISP as rights, they are. These documents are supposed to form the basis of the services you receive. They require your Tribal or Regional Behavioral Health Authority** (T/RBHA) and providers they contract with to take steps to meet your unique needs. When done correctly—with your full participation—assessments and ISPs list specific things that help you with your recovery. They are also used to make sure you get the services you need and want.

The main goal of this guide is to help individuals with a Serious Mental Illness better advocate for the creation and implementation of an individualized ISP. We also hope this guide is helpful to family members, clinicians, and others working with the SMI system. This guide has three sections.

- The first section, explains how the process works. This includes defining some common terms and summarizing the way good practice, ADHS/DBHS policy, and the SMI Rules say the ISP process is supposed to work. (Pages 3-10)
- The second section provides some ideas on types of goals, objectives, and services that can be included in an ISP. (Pages 11-13)
- The final section provides self-advocacy tips, a list of useful documents, and two forms that individuals can use to request and prepare for an ISP meeting. (Pages 14-17)

The Office of Human Rights provides educational presentations to individuals with a Serious Mental Illness and others about the information in this guide. Contact us for more information about these presentations. We can also provide technical assistance, short-term assistance and, in some matters, direct representation to individuals having difficulty exercising the rights described in this guide. For more information, contact our office to discuss assistance that is available.



* According to the SMI Rules, "Individual service plan" or "ISP" means the written plan for services to a client, prepared in accordance with Article 3 of this Chapter (A.A.C. R9-21-101(B)(39)). In lay terms, an ISP is a document where the individual receiving services and provider agency agree on goals to address and services to help reach the goals.

**Tribal and Regional Behavioral Health Authorities are agencies which the Arizona Department of Health Services/Division of Behavioral Health Services contract with to provide and/or oversee behavioral health services in geographically (or tribally) based service areas. They, in turn, contract with agencies that directly provide services to individuals throughout Arizona who require behavioral health services—including those with a Serious Mental Illness.

I. ISP: Legal Requirements and Processes

Assessment

The first step to service planning is assessment. Assessment is the process where an individual's strengths and needs are identified. This, in turn, forms the basis of the ISP. Without a solid understanding of you as an individual—including your strengths, assets, needs, preferences and cultural/family traditions—your provider will not be able to offer you truly individualized services. Because assessment is so important to the ISP process, this section summarizes many important assessment issues.

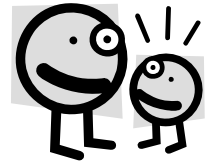
People often think about assessment as being a single, sit-down interview. While this is a type of assessment, it is not all there is to it. Both the SMI Rules and good practice require assessment to be on-going. This means as a person's needs, goals, and life realities change the team's assessment must change. (This does not always mean the assessment form needs to be updated. Case managers, therapists, psychiatrists, and other professionals are supposed to include "assessments" in all of their documentation.) At a minimum, there needs to be an annual update of the assessment. This is required by ADHS/DBHS Provider Manual, Section 3.9.6-D.

Sometimes an assessment needs to be updated for good reasons. For example, someone who has been receiving disability payments and not working for years decides he or she is ready to return to work. In this case, the team would need to update the assessment to reflect this new goal. Then, the ISP should be updated to list specific steps that the individual and other team members must take to achieve this goal.

Other times assessments need to be updated when new issues come up. Some examples include becoming homeless, a drug or alcohol relapse, the death of a spouse or partner, or a positive HIV test. In these cases, the team would need to update the assessment to reflect these new issues. This, in turn, should lead to an updated ISP, responding to the new needs.

While an assessment is the best professional opinion of treating clinicians, it is important to know that the professionals should be soliciting input from others. Most importantly, this includes talking with the individual receiving services. However, skilled professionals make time to receive information from "collateral" sources. These are others with relevant information about the individual. They can include parents, spouses, partners, friends, and professionals from other systems.





The SMI Rules make the following important statement, “the individuals contributing to the assessment of a client shall not consider the availability of services, but shall consider the client’s circumstances and evaluate all available information...” *See* A.A.C. R9-21-305(B). In practice, this means that a clinical assessment cannot ignore a need simply because the clinicians are not aware of a service that will help address it.

Another important part of assessment relates to the amount of assistance an individual will need to obtain their goals and objectives. Based on a variety of issues—including psychiatric symptoms, level of education, assertiveness, transportation, access to a phone, among others—different people will need different levels of support to complete the same tasks. For example, an individual who is homeless, without a mailing address or phone, will likely require more assistance in applying for Social Security Disability than will a person who has stable housing and consistent access to mail and a phone.

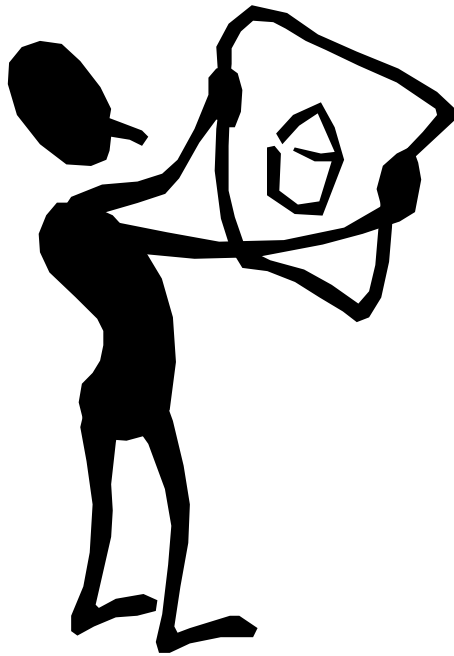
When applicable, an assessment should consider past attempts to address a problem—especially if there were reasons they did not work. As an example, consider a person who has tried to treat his or her substance abuse problem through out-patient counseling, but found the urges to use hard to resist early in recovery and relapsed. Including this information in the assessment should prompt the team to consider other treatment approaches, such as residential treatment.



An individual has the right to appeal aspects of his or her assessment. The SMI Rules mention three broad types of issues relating to assessments that can be appealed, they are:

- “The sufficiency or appropriateness of the assessment or any further evaluation” (R9-21-401(C)(2)).
- “The recommended services identified in the assessment report, ISP, or ITDP” (R9-21-401(C)(4)).
- “The findings of the clinical team with regard to the client’s competency, capacity to make decisions, need for guardianship or other protective services, or need for special assistance “(R9-21-401(C)(2)).

An example of “the sufficiency” of an assessment would be a failure to consider an individual’s history of sexual trauma. Such an incomplete assessment could lead to be a serious problem if—for example—a woman who feels unsafe around men due to a past sexual assault is placed in a co-ed residential placement. An updated and complete assessment could be necessary to justify an appropriate placement in an all female setting.



ISP: Team Approach

The ISP process is built on a team approach. The most important member of the team is you—the individual receiving services. Other team members can include case managers, psychiatrists, nurses, peer support workers, counselors, vocational specialists, family members, advocates, social workers from other systems of care, and others you want involved. If, for example, you receive residential services, a representative of that program should be on the team. Your needs and preferences should drive who is on the team. When a person with a Serious Mental Illness has been determined to need Special Assistance (see page 10 for more information about this) with the ISP process, there **must** be a member of the team who is not a service provider and who helps the individual express his or her preferences and fully participate in the ISP process.

The main benefit of having such a diverse team is it encourages the system to focus on the whole person. It can also bring family members and others to the table who know you well and can help you express your preferences, needs and strengths.

ISP: Terms and Format

There are some standard terms used in creating, implementing, and evaluating ISPs. It helps to have a basic understanding of how they are used in this process.

Strengths:

- Everyone has strengths to build on.
- Service planning in Arizona is required to identify individual strengths to help meet a person's needs.
- Some examples are "is hard working," "is intelligent," "has supportive family," "has stable/affordable housing," "can express self through art," and "is motivated for recovery."

Goals:

- Also called, "Long Term View, Vision, or Recovery Goal."
- This is the big picture goal. What will a person's life look like in 1 year, 3 years, or 5 years from now?
- There should be multiple Goals—for the different aspects of life (where one lives, where one works/studies, and social activities).
- Examples include "I want to keep my current living situation in my private apartment;" "I want to work with children;" and "I want to be more involved with my community."

Objectives:

- Also called, "Identified Needs or Specific Objectives."
- These are the short-term steps that help an individual get to the big goal.
- They must be measurable. This lets the team know if the goal is being reached.
- They must be specific.
- For a person whose goal is to manage the symptoms of his or her depression, examples of objectives could include: "I will attend monthly visits with my psychiatrist and report any negative side effects;" "I will sleep between 7 and 9 hours each night;" or "I will attend my church every Sunday to socialize with others and be involved in my community."

Measures:

- Should list both "current measure" and "desired measure."
- This is the specific way the team will know if progress is being made.
- Must be measurable and specific.
- They should have target dates.
- Examples include, "John will complete peer support training by July 2008."

Interventions:

- These are the specific things you and other team members will do to help achieve objectives and goals.
- Should have target dates.
- Examples include, "Rehab Specialist will help client research G.E.D. programs by June 1, 2007." Case manager will arrange for transportation for weekly counseling session." "Client will enroll at Local Community College for Fall 2008 semester."

The following page has a blank ISP to see how these terms are used on the form.

- The Arizona Department of Health Services/Division of Behavioral Health services has developed this ISP and it is used by many providers throughout Arizona for individuals with a Serious Mental Illness.
- Individual provider agencies are allowed to change the format of the ISP, as long as all of the important parts are in their version. This means your ISP may not look exactly the same as the following example.
- Please also be aware that the standard ISP developed by ADHS/DBHS is occasionally updated and revised. The most current version can be found in Section 3.9 of the ADHS/DBHS Provider Manual. The web link for that document is, http://www.azdhs.gov/bhs/provider/sec3_9.pdf

PART D: BEHAVIORAL HEALTH SERVICE PLAN

Name: _____ CIS Client ID# _____ Program: _____ Today's Date: _____
 Individuals at Service Planning Meeting: _____

RECOVERY GOAL/PERSON-FAMILY VISION: _____

PERSON'S STRENGTHS: _____

Review Date (Objective Target Date): _____

IDENTIFIED NEEDS and SPECIFIC OBJECTIVES (to address these needs)	Current Measure	INTERVENTIONS to MEET OBJECTIVES			Desired Measure	Achieved Measure (at target date)	Measure Met (Y/N)
		Specific Services and Frequency	Strengths Used				
1							
2							
3							

DISCHARGE PLAN (add discharge date if known): _____

☐ Yes, I am in agreement with the types and levels of services included in my service plan. ☐ No, I disagree with the types and/or levels of some or all of the services included in my service plan. By checking this box, I will receive the services that I have agreed to receive and may appeal the treatment team's decision to not include all the types and/or levels of services that I have requested. *

Person / Guardian _____ Date: _____

Clinical Liaison _____ Date: _____

BH Prof. Rev. _____ Date: _____

Other _____ Date: _____
 Other _____ Date: _____

*If no is checked, a Notice of Action (PMA Form 5.1.1) must be provided to the person if the disagreement concerns a Title XIX/XXI covered service. If the disagreement pertains to a Non-Title XIX/XXI covered service and the person has been determined to have a serious mental illness, the person must be given the Notice of Decision and Right to Appeal (for Individuals With a Serious Mental Illness (PMA Form 5.5.1)).

Specific ISP Rights and Issues



Right to Accept, Reject Portions

An individual with a Serious Mental Illness has the right to refuse one (or more) of the services listed in an ISP and still receive the other services. For example, someone who does not find psychiatric medication helpful but does find working with a therapist and case manager helpful has the right to accept case management and therapy, but not medications. There is a box on the standard ISP form that an individual can check if they disagree with some parts of the ISP. This right is found at A.A.C. R9-21-301(B)(2). Please note that this right can be limited by an order from a judge in certain situations.

Right to Appeal

The SMI Rules allow an individual (or his/her representative) to file an appeal about the ISP. There are two broad categories of ISP appeals.

- The first concerns what is in the ISP. For example, if you feel you would benefit from Dialectical Behavioral Therapy (DBT) to treat Borderline Personality Disorder but the other members of the team are unwilling to list it as a service, you can appeal this refusal to list DBT as an intervention.
- The second type of ISP appeal relates to implementation. If, for example, the ISP lists DBT as an intervention, but the service has not been provided, you can appeal this.

Follow-up on ISP

Following the completion of the ISP, the team—especially the case manager—has certain obligations to follow-up on the services listed in the ISP. These requirements are listed in the SMI Rules (*See* A.A.C. R9-21-301(A)(5-6)). Some of these requirements are:

- Locating the services listed in the ISP;
- Making sure services are actually delivered in accordance with the ISP;
- Initiating and maintaining close contact with the individual and service providers;
- Assessing progress towards and identifying any barriers to achieving the goals and objectives in the ISP;
- Promoting a person's involvement in the development, review and implementation of his or her ISP.

ISP Review and Updates

The SMI Rules (A.A.C. R9-21-313) require the team to meet at least every six (6) months to review the ISP. This review of the ISP is required to happen even if there is little to no change in your life. Such ISP reviews and meetings can happen earlier than six (6) months based on the type of services in the ISP and your needs. Any member of a team—including you—can request a review or update. A form is included at the end of this guide for you to request an update and meeting.





Special Assistance

The SMI Rules require clinical teams identify individuals who—due to a specific condition—are unable to independently participate in any or all of the following processes: ISP, discharge planning, grievance, and appeal. Generally, individuals who require Special Assistance have very severe psychiatric symptoms or a co-occurring diagnosis of mental retardation, dementia, or a traumatic brain injury. There can be other specific conditions. When a person with a Serious Mental Illness is assessed by his or her team to be unable to independently participate in the ISP process, there **must** be an independent team member who helps the individual express his or her preferences and fully participate in the ISP process. The person who meets the need for Special Assistance can be an advocate from our office, a guardian, a family member, or another individual.

Designated Representative

The SMI Rules allow you to name a “designated representative” to help in the ISP process (as well as the grievance and appeal processes). Basically, this is a way for you to formalize that a trusted family member, friend, social worker from another system, or someone else is helping you advocate for your needs. It is important to note that a designated representative is not the same as a legal guardian. This means that a designated representative helps you express your preferences and make choices. They do not make decisions for you in the way a guardian does for his or her ward.

While having a designated representative can be a help, it is important to consider if that is what you want to do. Whenever possible, the person whose treatment and life is being discussed should be the one who voices what he or she needs and prefers at an ISP meeting. A family member, friend, or other trusted person does not have to be your Designated Representative to be able to participate in your ISP.

Issues for Individuals under a Court Order for Treatment

Individuals under a court order for treatment (COT) keep almost all of the procedural rights described in this guide. This means that someone under a COT can appeal many decisions, call an ISP meeting to address a new need, and help decide the makeup of the team. Individuals under a COT still have input as to which agencies will provide services.

There is, however, a very important difference for people under COT. Treatment specifically ordered by a judge or commissioner as part of the COT cannot be refused or appealed through the SMI Rules. Generally, such court orders include taking psychiatric medication. The court can also require an individual to participate in other forms of treatment, such as counseling, living in a certain type of residential program, or substance abuse treatment. It is important to know that when an individual is under COT the team is required to provide monthly reports to the judge or commissioner who handles the COT case.

An individual wanting to directly challenge the specific terms of a COT (or the COT itself) can consider consulting with his or her assigned attorney or with a private attorney.

II. Types of Services and/or Goals

When people think about managing their recovery, things like medications and counseling often come to mind. While these types of treatments can be important, good treatment is almost always more. For many people good care includes getting an education, going back to work, accessing public benefits such as Social Security Disability, staying physically healthy, getting housing, or attending art classes. There are many other examples—almost as many as there are people.

All people have strengths to build on and areas we want to improve. Individuals with a Serious Mental Illness are no different. The ISP is supposed to build on your strengths to help address areas that could be better.

Behavioral health care should include services that help you live a life you find meaningful. When life is little more than doctor visits, medication and counseling, it can be difficult for anyone to have hope—even when these services are helpful. This goal of this section of the guide is intended to help generate some ideas goals, objectives, and interventions that can be in your ISP.

Depending on your wants and needs, an ISP can be very brief or very detailed. It is important to remember that your wants and needs—not the system’s—should drive the development of your ISP. It cannot be stressed enough that the services you are receiving must be listed in your ISP.

There are two broad types of services that can be listed in an ISP.

- The first are those that the SMI system pays for—often called “covered services.” Covered services are usually provided directly by the behavioral health agency or through a contract. They include—but are not limited to—case management, counseling, psychiatric medications, residential treatment, and some forms of transportation.
- The second are those services that are available to anyone living in a certain community. They are often called “generic” or “community” services. They include—but are not limited to—the Food Stamps program at the Department of Economic Security, a city’s public housing program, a senior center or a community college. Generally, the behavioral health system is not responsible to pay for these. However, a good ISP will address any need for a case manager or rehabilitation specialist to help an individual access these services. This can include help with transportation, completing an application, attending a meeting and other types of assistance.



Possible Goals and Interventions

This list is not meant to provide all possible goals and interventions. Rather, it is intended to encourage people to think broadly about some things they can include in their ISP.

Goals	Interventions
<ul style="list-style-type: none">▪ Obtaining safe, affordable housing	<ul style="list-style-type: none">▪ Going to DMV with case manager to replace state identification▪ Getting statement from psychiatrist to support waiver of student loans to improve credit.▪ Case manager will help apply for public housing.
<ul style="list-style-type: none">▪ Returning to work	<ul style="list-style-type: none">▪ Obtaining a GED▪ Referral by case manager to Voc Rehab
<ul style="list-style-type: none">▪ Becoming more involved in my community	<ul style="list-style-type: none">▪ Rehabilitation specialist will help individual identify volunteer opportunities with senior citizens▪ Will work with peer support specialist to learn how to use local bus system.
<ul style="list-style-type: none">▪ Quitting smoking	<ul style="list-style-type: none">▪ Case manager will help individual find free cessation programs.
<ul style="list-style-type: none">▪ Managing depression	<ul style="list-style-type: none">▪ Adopting a dog or cat▪ Addressing past trauma through art therapy



Examples

Following the Goal, Objective, and Intervention model, below are a series of detailed examples. Like most good ISPs, these examples have “to do” items for both the individual and other team members. Please note these are only examples.

Goal	Objective(s)	Intervention(s)
To be less isolated and to increase socialization.	<p>1) Client will get a pet dog.</p> <p>2) Client will interact with others who like to write fiction.</p>	<p>1) a) Case manager will request Dr. consider note for landlord that dog is therapeutic. b) Rehabilitation specialist will help client identify low-cost veterinary and dog food options in the community within one week. c) Client will adopt dog within one month.</p> <p>2) a) Rehabilitation specialist will help client research creative writing classes within one month. b) Client will enroll in and attend class at community college next semester. c) Case manager will provide bus pass each month to ensure client has transportation to attend classes.</p>

Goal	Objective(s)	Intervention(s)
To overcome methamphetamine addiction	<p>1) Increase awareness of the disease of addiction and ways to overcome it.</p> <p>2) Break the cycle of daily drug usage.</p> <p>3) Develop long-term plan for recovery/abstinence.</p> <p>4) Manage depression to reduce urges to use methamphetamine.</p> <p>5) Increase daily activities to reduce urges to use methamphetamine.</p>	<p>1&2) a) Case manager to submit packet to provider of 90 day residential drug treatment center within one week. 1&2)b) Client to complete 90 day residential treatment drug program within four months. 1&2)c) Case manager will have contact at least monthly with client and counselor at residential program to coordinate care and monitor progress.</p> <p>3) Client to participate in Crystal Meth Anonymous meetings 3 days per week post discharge from residential treatment.</p> <p>4)a) Monthly visit with psychiatrist. 4)b) Monthly face to face contact with case manager and weekly telephone calls to monitor response to treatment.</p> <p>5)a) Attend peer run drop-in center 3 days per week. 5)b) Case manager to make referral to peer support specialist by December 1, 2008.</p>



III. Advocacy Strategies and Resources

This section gives some tips to help people advocate for their needs and rights in the ISP process.

Before the meeting:

- Remember to think broadly about your goals for the future.
- Go over the key points you want to make.
- Write notes so you remember to make your key points. (The next page in this guide is a worksheet to help with this.)
- If you are proposing a specific service, be ready to say why it will help you.
- If you would like, ask a friend, family member, peer or advocate to attend with you.

During the meeting:

- Take your own notes.
- Ask for copies.
- Let the others know if they are going too fast or you need a break.
- The meeting does not need to be completed in one day or session.
- Ask questions. If other members of the team are making a recommendation they should be able to explain why. If they are saying a service you want is not a good fit, they should be able to explain this too.
- Keep an open mind and listen to the other team members. Sometimes, others on your team will be aware of something you are not.
- You need to make sure all of your current services are listed in the ISP. And remember, while “seeing the psychiatrist” is an intervention you might want on your ISP, there is generally no reason for your ISP to say you will take your medications.
- Remember you can accept part of the plan and reject other parts.

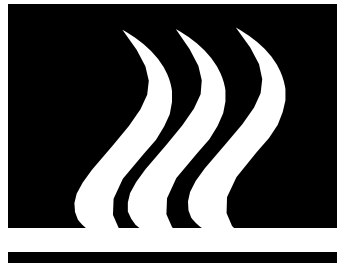
After the meeting:

- It is important to know that if you do not sign or reject your ISP within 30 days, it will be considered as if you did sign and agree to it.
- Know that you can file an appeal if your team does not agree with a service you feel strongly you need. Remember, you will need to show why you need the service during the appeal.
- Remind your team if a service written into the ISP has not been provided.
- If polite reminders do not get a service in place, you have the right to file an appeal.
- Remember that your ISP needs to be updated as your needs change. At a minimum, your ISP needs to be updated at least every 6 months. You can request a meeting earlier to update your ISP if your needs change. The last page in this guide is a form you can use to request an ISP meeting.

Resources

The following is a list of documents published by the Arizona Department of Health Services (ADHS) that govern and/or explain the ISP and appeal processes in Arizona's public behavioral health system. If you are unable to get a copy through the internet, please contact our office and we will be happy to provide one.

- The SMI Rules are issued by the ADHS and provide many rights for individuals determined to have a Serious Mental Illness in Arizona's public behavioral health system. They are listed in Title 9, Chapter 21 of the Arizona Administrative Code. While all of the rights and protections in the SMI Rules are important, the sections that deal with Individual Service Planning (Article 3) and the filing of appeals (Article 4) are most useful for the topics discussed in this guide. You can view all of the SMI Rules over the internet at http://www.azsos.gov/PUBLIC_SERVICES/Title_09/9-21.pdf. Or you can get a copy of the rules from the Arizona Secretary of State's office. Their phone numbers are (602) 542-4751 for their Phoenix office and (520) 628-6583 for their Tucson office.
- The ADHS/Division of Behavioral Health Services (DBHS) publishes a Policy and Procedure Manual that T/RBHAs and their providers must follow. The full set of policies is on the following website, <http://www.azdhs.gov/bhs/policy.htm>. For the purposes of the topics discussed in this guide, two policies (GA 3.3 and GA 3.5) that address the appeal process are relevant. The first appeal policy (GA 3.3) lists rights that apply to an individual with a Serious Mental Illness and is enrolled in the AHCCCS (Title 19) system. The other appeal policy (GA 3.5) applies to all individuals in the SMI system. While there are advantages to both policies in different situations, GA 3.5 is the policy that is specific to the SMI system and is generally most useful.
- The ADHS/DBHS also publishes a Provider Manual. This document can be found at the following website, http://www.azdhs.gov/bhs/provider/provider_main.htm. The following sections of the Provider Manual are most relevant to the ISP and appeal processes. First, PM 3.9 addresses "Intake, Assessment, and Service Planning." Second, PM 5.5 addresses "Notice and Appeal Requirements."
- The ADHS/DBHS has published a series of Clinical Guidance Documents on a variety of topics. They are available at <http://www.azdhs.gov/bhs/guidance/guidance.htm>. The one that is most relevant to the ISP process is titled, *The Adult Clinical Team* and can be found at <http://www.azdhs.gov/bhs/tact.pdf>.



ISP Meeting Worksheet

This is an informal tool that you can use to prepare for an ISP meeting. However, you can also give a copy of it to your team. This follows the Goal, Objective, Intervention model described on page 6 of this guide. Please copy this form and use a separate sheet for each Goal.

Goal or Issue to Address:

How it affects your mental health recovery:

Strengths it builds on:

Need it addresses:

Past or current attempts to address (if applicable):

What worked about these attempts?

What did not work about these attempts?

Proposed Objectives and Interventions:

Request for ISP Update for an Individual With a Serious Mental Illness

From: _____
(Name)

To: _____
(Case Manager)

Date: _____

I am writing to request a meeting to update my Individual Service Plan (ISP). This request is made pursuant to A.A.C. R9-21-314. Thank you.

I request this meeting to address the following issue(s):

The following are issues to consider about my schedule when arranging the meeting:

You can reach me by:

I would like the following people to attend (include contact information):

Make a copy of this form and ask for one back with proof when it was received and by whom.